

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 5-18-07
 SUBJ: Receipt No. C084019 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR R. Brad Masingill
 Address Po Box 467
Weiser ID 83672

Claimant(s) if NOT Payor Jack & Karen Pertett
 Refund Amount \$ 25.- Claim Location (Region/Claimant) (S.O.)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C084019
 S.O. Verified Ext. by --- on --- D.B. Query by ---
 Refund Generated By (☒ Agent () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) ---

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>67-762663</u>	<u>81</u>	<u>\$25.-</u>	<u>\$</u>	<u>C084019</u>
		\$		
		\$		
		\$		
		\$		
Total		<u>\$25.-</u>	<u>\$</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/☒N

No fee due on o/c still B4 The Court.

Region AJ Spvsr. Approval CS S.O. AJ Spvsr. Approval
 C. Fritschle Approval --- Hold --- To Fiscal 5-18-07 M
 Logged 5-17-07 M
 Data Base Modified? Y/N (NA) A &/or R Records By --- on ---